Editorial

Ethics and neurosurgery

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If you were to scan the critiques of modern medicine offered by various thinkers, you would glean their despair over the declining societal consciousness. This concert of painful perspective is a pointer to the overall decline in social and medical ethics, neurosurgery not excluded. This piece is an attempt at keeping the gentle flame of neurosurgical ethics burning steady and bright, against the cyclonic winds of crass commercialism.

Ethics, as a word, has had a chequered career. English lexicons trace it to the Sanskrit word Swadha, which briefly connotes a sense of self-respect that as a mere custom denies you the right to do anything wrong, even when not policed or monitored. It is an inner conviction about what is proper and philanthropic, a conviction sustained in action under pressure. Ethics cannot be taught, much less available in coaching classes. At best, Ethics can be imbibed along the lines of Thomas de Kempis' *The imitation of Christ*. This necessitates that we have amidst us neurosurgical role models of integrity, of character; that the students may take as a role model. All told, Ethics is one's innate being, one's weltanschauung. The peon of the President, Prime minister or the Principal may be more ethical than the boss. To that extent, to be ethical, is to be ready to walk, as the Kathopnishad says, on the razor's edge.

Could Buddha, - Swami Vivekananda eulogizes him as the *Light of Asia* - be the *Presiding Diety of Neurosurgery*? Neurosurgery is privileged to handle the most evolved among cells, namely the neurons, the repository of buddhi, chaitanya or cosmic consciousness, and capable of perceiving and expressing the same. Neurosurgery thus could choose to go the way of Lord Buddha, and follow an Eightfold path pithily presented below.

Firstly: *Primum, non nocere*. ‘Above all, do no harm’. The fact that Hippocrates had had to enunciate this as the leading ethical code 4 millennia earlier implies that all therapies are inherently pregnant with iatrogeny. Arthur Bloomfield after an iatrogenic tragedy pleaded that every hospital should have a plaque in the physicians’ and students’ entrances stating: ‘There are some patients whom we cannot help; there are none whom we cannot harm’. Neurosurgery has the magical touch of restoring the might to the paralysed. Equally, the opposite can as well happen. What is powerful for good, can be potent for evil.

Secondly: *Quieta non movere*, meaning Don’t fix it if it ain’t broke. Perfect case is compatible with the grossest, manifest pathology, the 1000 tumors in a person with von Recklinghausen’s being but an example. Hoerr’s Law frankly declares: ‘It is impossible to make an asymptomatic person feel better’. The corollary is that, should you yet interfere, you can surely make the person feel worse.

In an age of preemptive strikes, modern medicine has not lagged behind, and has spawned its 5-star check-up clinics the world over. This multistoried place can be magical in the sense that a person may walk in, and a patient may walk out; a tragic-comedy enacted because of the medical obsession with some abnormality/ies detected in a person fully at ease. It was the Lasker-awardee Rustom Jal Vakil who bemoaned that the *ECG machine may have done more harm than the atom bomb*, a lament loudly echoed by Harrison of the Harrison’s Principles of Internal Medicine fame. The state-of-the-art imaging techniques – MRI of the spine for example – are equally pregnant with the havoc they can wreak by misleading a technocrat into justifying an unwarranted adventure, albeit, at the expense of the patient. Distorted body geography sans disturbed history is the surest recipe for grave iatrogeny. We need to appreciate that an investigation no matter how sophisticated is rooted in vestige, meaning a trace, a footprint. Surgery under such circumstances is rank subjectivism of the operator wherein the only objectivism is the price that the patient must pay. *Trust a person’s own body, when you cannot trust an abnormality that you may encounter on investigation.*

Thirdly: Eric Ericsson felt that the Golden rule of practical medical ethics can be borrowed from *Talmud; Do what you - capital YOU - would be done by and not do what you would choose not to be done by.*

Walter Alvarez, the pioneer gastrointestinal surgeon at the Mayo Clinic observed in his autobiography *The Incurable Physician* that, whereas everyday patients young and old were ‘curatively’ treated by gastrectomy and vagotomy, not one of the physician

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population of the Mayo clinic, many of whom had the same problem, ever underwent that surgery. This is the tale retold in many a different disciplines of medicine.

Aldous Huxley begins his Perennial Philosophy with the lead theme of Chhandogya Upanishad- Tat tvam asi: That art thou. Put pithily, the patient is none but you, albeit in the role of a sufferer. It is interesting that lexicous trace the word crime to krinos = I separate and hence the terms exocrine and endocrine. The day we treat our patients differently than we would treat ourselves, we separate them from us, and like it or not, it ends up being an act of crime.

**Fourthly:** Sir William Osler stressed three qualities of a good teacher- Knowledge, Enthusiasm, and Humility. A neurosurgeon is a teacher one way or another. She/he should be enthusiastic to share the feast at the table of knowledge, a quest that is always unending. The flip-side of knowledge was underscored by Adi Shankaracharya who aphorised that If knowledge is infinite, so is ignorance. Blaise Pascal metaphorized that knowledge is the inner surface of a sphere whose outer surface is painted with ignorance. Ergo, the more you know, the much more you know not. This, one must realize, is ar the root of the innate humility of the truly greats, for they alone know, and admit, how ignorant they are, and we can be. Wilder Penfield has striven to make us knowledgeable about our ignorance: *How little we know about this brain … and of the mind. How little we know of the nature and spirit of man and God*.

**Fifthly:** Any pathology that one encounters in neurosurgery occurs on a probabilistic basis - a state of knowledge greater than ignorance, but lesser than certainty. A glioblastoma multiforme, or a meningioma, in any given herd, must occur on a probabilistic basis, thus signifying that its occurrence in your patient spells your freedom from the same. This herdistic principle is widely applicable from IQ to inflammations, and demands from us intellectuals a more compassionate scheme of things. Before such an utopia comes to pass, it behoves a neurosurgeon to look at any patient with a sense of reverence, and gratitude: ‘Since you are bearing the cross, I am free therefrom’. Such a creed, clearly, based on steady statistics, mellows the technocrat in us into a more humane individual ready to do the best for a fellow sufferer. When you convey this distributional design to a patient with a dire disease, the malady becomes meaningful, unburdening him of a sense of guilt, of being punished for some past karmas and what have you.

**Sixthly:** Emerson foresaw in the mid 19th century: *Things will ride the minds of men. Things-Money, Mercedes, Machines-ride the minds of men, neurosurgeons not excluded. One may concede that refined neurosurgery needs sophisticated gadgets, one after the other. But while one is on this compelling trip, one may bear in mind what Einstein told of the modern times: A profusion of means, and a confusion of ends.*

More than the neurosurgeons (or other physicians) themselves, it is the aggressive thrust of the medicine/machine-manufacturers, which is fast shaking the convictions we may have scientifically arrived at. Trials, publications, and texts are progressively doctored by vested interests so that often it is not possible to separate the wheat from the chaff. It is indeed a paradox of current medical scene that the industrially offered extravaganzas of a scientific conference smother its very spirit. Arthur Koestler portrayed this in the *The Call Girls*, a book that urges that one-day we should all aim at spartan meets where the mind triumphs over matter. It is a tradition worth establishing.

**Seventhly:** How about understanding the two terms- modern, and medicine? The lexicous trace them both to Latin- modus = measure, from Sanskrit- matra: To that extent, the hackneyed phrase modern medicine, like holistic health, is a tautology. Medicine by drugs or by device, by suggestion or by surgery- is something you exercise in a precise measure-thus far and no further. The measure connoted by the appellation modern implies that you take a measured-step, a decision arrived at after taking all the extant data and opinions into consideration. So modern does not imply that your medical move should be the latest, costly, imported, or sophisticated. It only means that you exercise your sagacity to jettison that may pose to be so. It was not for small reason that K.G. Musisf, used to end all his lectures with a message; A good surgeon is one who knows when not to operate. A modern neurosurgeon is one who will have the courage to avoid a surgery however sophisticated it may seem, if its utility has just been revealed to be doubtful. In the final etymological analysis, modern medicine is highly rational medicine. Modern neurosurgery must rest on rationality. Harvey Cushing, in a letter to Henry Christian famed for Hand-Schuller-Christian disease and Weber-Christian disease, wrote: *I would like to see the day when someone would be appointed surgeon somewhere who has no hands, for the operative part is the least part of the work*.

**Eighthly and lastly:** YOU, the neurosurgeon, are the Chief BENEFICIARY of what has been hinted at in the foregoing principles. Your personality, your humanness should have the better of your excellence as a neurosurgical artist. We can, may be with difficulty, uphold the few tenets outlined above, in order that the qualities of our heart do not will under the might of the technical head. That, with passage of time, we have fewer intellectual and spiritual regrets, an unchattered right brain, a light heart, and a soft pillow at night. It is laudable to be a good neurosurgeon. It is imperative to be, pari passu, a better human being. Was it not Lord Buddha who emphasized that when we serve others ethically and compassionately, we truly serve our own selves!